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Cigna's response to COVID-19

Cigna Coronavirus (COVID-19) Interim Billing Guidance for Providers for Commercial Customers

As the COVID-19 pandemic continues to spread throughout the United States, we appreciate that providers across the country are on the front line to offer dedicated care to our customers and help protect local communities.

We also know it's more important than ever for Cigna to be committed to our customers' health and make it as easy as possible for you to focus on delivering safe, efficient, and quality care.

To honor this commitment, Cigna recently announced that we will:

- Waive customer cost-sharing for office visits related to COVID-19 screening and testing through May 31, 2020
- Waive customer cost-sharing for telehealth screenings for COVID-19 through May 31, 2020
- Make it easier for customers to be treated virtually for routine medical examinations by providers
- Provide free home delivery of up to 90-day supplies for Rx maintenance medications available through the Express Scripts Pharmacy and 24/7 access to pharmacists
- Make it easier for hospitals to transfer patients to long term acute care hospitals (LTACHs), skilled nursing facilities (SNFs), and acute rehabilitation facilities (AR) to help manage the demands of increasingly high volumes of COVID-19 patients

To further this commitment, we are providing this COVID-19 billing and reimbursement guidance to help ensure you can keep delivering the care you need to – in the office, at a facility, or virtually – all while getting properly reimbursed for the services you provide our customers.

▼ [Interim Billing Guidelines for Coronavirus \(COVID-19\)](#)

▼ [Virtual Care Guidelines](#)

- In an effort to remove barriers for our customers to access timely and safe care, while ensuring that providers can continue to deliver necessary services in necessary settings, Cigna will allow providers to bill a standard face-to-face visit for all virtual care services, including those not related to COVID-19.
- This means that providers can perform services for commercial Cigna customers in a virtual setting and bill as though the services were performed face-to-face.
- **Providers should bill using a face-to-face evaluation and management code, append the GQ modifier, and use the POS that would be typically billed if the service was delivered face to face.**
- Providers will be reimbursed consistent with their typical face-to-face rates.
- **Providers can also bill code G2012 for a 5-10 minute phone conversation,** and Cigna will waive cost-share for the customer. This will allow for quick telephonic consultations related to COVID-19 screening or other necessary consults, and will offer appropriate reimbursement to providers for this amount of time.
- Customer cost-share will apply as outlined below.

Cigna claims processing systems will be able to accurately and timely administer claims when health care providers follow the below coding guidance. Claims will be processed consistent with these rules beginning April 6, 2020 for dates of service on or after March 2, 2020 and until at least May 31, 2020.

▶ [General billing guidance for COVID-19 related services](#)

▼ General billing guidance for non-COVID-19 related services

<u>Service</u>	<u>Code(s) to bill</u>	<u>Comments</u>
Virtual screening telephone consult (5-10 minutes)	G2012	<ul style="list-style-type: none"> • Effective through at least May 31, 2020 • Must be performed by a licensed provider • Cost-share will be waived for all services (including non COVID-19 related services)
Non COVID-19 virtual visit (i.e., telehealth)	<p>Usual face-to-face E/M code</p> <ul style="list-style-type: none"> • Append with GQ modifier • POS service normally billed <p>See important notes below</p>	<ul style="list-style-type: none"> • Exception during public health emergency • Effective through at least May 31, 2020 • Cigna will reimburse usual face-to-face rates • Services can be performed by phone, video, or both • Standard cost-share will apply
Non-COVID-19 laboratory tests	Usual laboratory codes	<ul style="list-style-type: none"> • Paid per contract • If coded with Z codes, cost-share will be waived
In-office visit not related to COVID-19	Usual face-to-face E/M codes	<ul style="list-style-type: none"> • Normal cost-share will apply

▼ Important notes

- Please note that state and federal mandates may supersede the preceding guidelines.
- Billing a POS 02 or GT/95 modifier for virtual services may result in reduced payment or denied claims due to current system limitations. While we understand CMS guidance is to bill for a POS 02 for virtual care services, billing a typical place of service will ensure providers receive the same reimbursement as they typically get for a face-to-face visit.
- While we encourage providers to bill consistent with an office visit – and understand that certain services can be time consuming and complex even when provided virtually – we strongly encourage providers to be cognizant when billing level four and five codes for virtual services. While we will reimburse these services consistent with face-to-face rates, we will monitor the use of level four and five services to limit fraud, waste, and abuse.
- Mid-level practitioners (e.g., physician assistants and nurse practitioners) can also provide services virtually using the same guidance. Reimbursement will be consistent as though they performed the service in a face-to-face setting.
- Cigna will not make any requirements as it relates to these services being for a new or existing patient.
- Cigna will not make any requirements regarding the type of technology used (i.e., phone, video, FaceTime, Skype, etc. are all appropriate to use at this time).
- We are actively working on guidance for e-consults (e.g., provider-to-provider televisits) and inpatient virtual consults, and will share that information when it is available.
- We are actively working on billing guidance for urgent care centers, and will share that information when it is available.

- Physical, occupational, and speech therapists have different billing guidance for virtual care services. Please see the detailed guidance below.

▼ Virtual care for physical, occupational, and speech therapy services

The following virtual physical, occupational, and speech therapy (PT/OT/ST) services will be allowed through May 31, 2020 when appended with a GQ modifier and billed with a standard place of service code. These services will be reimbursed consistent with the standard fee schedule.

Physical therapy

Code	Description
97161	PT eval low complex 20 min (Telephonic or virtual)
97162	PT eval mod complex 30 min (Virtual)
97110	Therapeutic exercises (2 unit limit)

Occupational therapy

Code	Description
97165	OT eval low complex 30 min (Telephonic or virtual)
97166	OT eval mod complex 45 min (Virtual)
97110	Therapeutic exercises (2 unit limit)

Speech therapy

Code	Description
92507	Speech/hearing therapy
92526	Oral function therapy

Important notes

- Only the codes listed above are eligible for virtual care reimbursement at this time.
- Please note that while we encourage PT/OT/ST providers to follow CMS guidance regarding the use of software programs for virtual care, we are not requiring the use of any specific software program at this time.
- We maintain all current medical necessity review criteria for virtual care at this time.

► [Provider Frequently Asked Questions for Coronavirus \(COVID-19\)](#)

Cigna Behavioral Health

Interim Telehealth Guidance

Cigna Dental

Interim Communication to Providers